

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 181
Registered No. 206

1. PLACE OF BIRTH
County Pima State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Pedro Estrada { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth 10-23-1930
Month Day Year

8. FATHER
Full name Pedro Estrada
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. _____
10. Color or race Mex. 11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Safford, Ariz.
(State or country)
13. Occupation miner
Nature of industry _____

14. MOTHER
Full maiden name Dora Pacheco
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state. _____
16. Color or race Mex 17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Wilcox, Ariz.
(State or country)
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 6
certified and including this child.) } (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 4:00 A.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper
Physician (Physician or Midwife).
Globe, Ariz.

Given name added from a supplemental report _____ Address _____
Month, day, year _____ Filed 11/9 1930 G. E. Leighton
Registrar Registrar

751-1023-476